

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 9-28-07

Address: 5885 North 1080 West

Case #: 22F42424

Shipshewana, In

County: Lagrange

## Type of Laboratory Seizure (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## Seizure Location (check all that apply)

- ☒ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☐ Open No Structure  
☐ Other:

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

☒ Lithium/Ammonia Reaction(s): 2 One Pot Cooks Located

☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_

☒ Flammable Solvents: Coleman Fuel

☐ Water Reactive Metal (Lithium): \_\_\_\_\_

☐ Anhydrous Ammonia: \_\_\_\_\_

☒ Hydrochloric Acid Gas Generator(s): 20 oz. HCL

☒ Corrosive Acid: Sulfuric Acid,

☒ Corrosive Base: Lye

☒ Other (item and location): Filters, baggies,

## Child under age 18 discovered (check one)

☐ Yes \_\_\_\_\_ (number present)

☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

☐ Ephedrine/Pseudoephedrine Tracking Log

☐ Retail/Merchant Tip

☒ Other:

## This report is to be faxed to the following agencies that serve the location:

Fire Department: Shipshewana Fire

Fax: 260-768-7000

Health Department: Lagrange Co. Health

Fax: 260-499-4189

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Tpr. Rob Smith

Phone 260-432-8661

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.